

Module 3: Caregiver Skills



In this module we will review some of the skills that will assist you in caring for the Veteran. As a Caregiver, you are an essential part of the Veteran's health care team in monitoring physical health and well-being. The skills that will be reviewed in this module are:

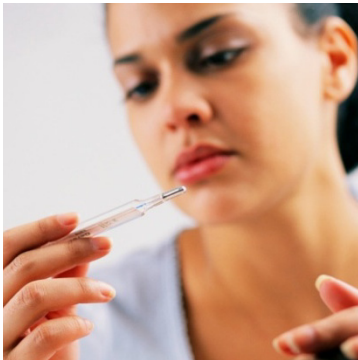
- ★ Vital Signs
- ★ Infection Control/Avoidance
- ★ Skin Care
- ★ Medication Management
- ★ Pain Management

Although the Veteran you care for may not need daily monitoring in these areas, the information presented in this module can be helpful to know.

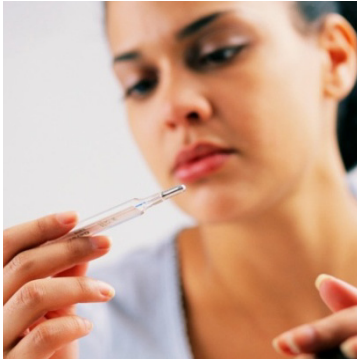
Vital Signs

Vital signs measure the basic functions of the body. It's helpful to monitor the Veteran's vital signs to detect any changes in the status of the Veteran's health. Some basic vital signs that are commonly tracked include:

- ★ Temperature; body temperature in degrees.
- ★ Pulse (or Heart Rate); beats per minute.
- ★ Respirations (breathing rate); breaths per minute.
- ★ Blood pressure; not covered in this lesson.



To take vital signs you will need a thermometer and a watch with a second hand. You may want to have a pen and pad of paper nearby so you can write down the results. Using a calculator to find the “average” can help to speed up the process and ensure accurate results. Sharing accurate vital sign records with the Veteran's Primary Care Team can help them make better decisions.



Body Temperature

The normal body temperature can range from 97 to 99.6 degrees Fahrenheit. Knowing the Veteran's usual temperature can help you determine when there might be a problem, such as an infection. When a Veteran has an infection or illness, the body temperature can rise. A body temperature over 104 degrees can be dangerous. It's best to call the Primary Care Team if the Veteran has a temperature

that is one degree above his/her normal body temperature, unless the Primary Care Team has given you other instructions.

Factors that influence body temperature include environment, exercise, age and drinking either hot or cold fluids just before taking the temperature. All of these can affect the body temperature readings so:

Ask the Veteran not to drink anything 10 to 15 minutes prior to taking his/her body temperature.

Measuring temperature with a digital thermometer is the recommended method for taking an oral temperature.

Some households may still have mercury-in-glass thermometers. The production of these thermometers has ceased in the United States due to the hazardous properties of spilled mercury, if the glass thermometer is broken.



If a mercury thermometer breaks, you can clean it up yourself using precautions. Wear gloves and use paper towels to clean up the mercury. If the mercury spill involves glass pieces from the thermometer, use tweezers to safely pick up any broken glass, placing the glass in a plastic container. Place the broken product and all materials used to clean up the mercury (gloves, paper towels, tweezers etc.) in sealable plastic containers or airtight sealable bags. Place the plastic containers or bags inside a second plastic container or bag to provide additional containment protection. Seal each bag or tighten each lid securely so that liquid and vapors will be contained.

Never use a vacuum cleaner, mop or broom to clean up a mercury spill!

Heat from the vacuum's motor will increase the amount of mercury vapor in the air.

Mops and brooms will spread the mercury, making proper cleanup more difficult and costly. Never pour mercury down a floor drain, sink, toilet or any other drain as the drainpipe itself will then be contaminated.

Instructions

To take an oral temperature, ask the Veteran to sit upright. If the Veteran must stay in bed, then it's helpful for him/her to be in a sitting position.

1. Ask the Veteran to open his/her mouth and lift up their tongue.
2. Gently place the thermometer under the tongue.
3. Have the Veteran close his/her mouth without biting on the thermometer.
4. Push the start button, if you are using a digital thermometer.
5. The digital thermometer will beep when it is done. It will show the Veteran's temperature in Fahrenheit degrees (leave a glass thermometer in place 3-5 minutes).

*Remember to clean the
thermometer
before storing it.*





Pulse or Heart Rate

The pulse gives you a sense of the health of the heart. The pulse, or heart rate, is the number of times the heart beats in one minute. You may also check the rhythm of the heart and the strength of the pulse. Having a watch with a second hand or a stopwatch handy to measure pulse will be helpful.

The normal heart rate can range from 60 to 100 beats per minute. Activity, stress, worry and anxiety, as well as caffeine, nicotine and some medications can affect the heart rate. The heart rate can also increase with pain or sickness. Familiarize yourself with the Veteran's usual resting heart rate. This is the heart rate when the Veteran has not been participating in exercise or heavy activity. Knowing the Veteran's usual heart rate will help you to identify when something has changed.

The pulse can be felt in several different places; however, we'll concentrate on how to take the pulse at the wrist and the neck. If you need to know other methods, your Primary Care Team can help you.

Instructions

1. Have the Veteran sit up straight, resting his/her arm on a table or tray, if possible. Relax the hand and arm with the palm of the hand facing up toward the ceiling.
2. Place a watch with a second hand where you will be able to see it.
3. To take the pulse at the wrist, place the tips of the first and second fingers (index and middle fingers) on the Veteran's wrist about one inch below the thumb. At first it may be helpful to move your fingers gently until you feel the pulse.
4. To take the pulse at the neck, you will use your first and second fingers. Place them on the side of the neck, about half way between the ear and chin, where the chin meets the neck, just to the side of the windpipe.
5. For either technique, count the pulse for 60 seconds. You can also count for 30 seconds and multiply the pulse by 2.

If you are unsure, try it again. You can also take the pulse three times and then average them. To do this, add up the pulse readings from all three measurements, then divide by three. This will be the average pulse rate.

Let's Give it a Try!

Ask a friend or family member if you can practice taking their pulse.

Wrist Pulse		Neck Pulse	
Rate:		Rate:	
Date:		Date:	
Time:		Time:	

When you are taking the pulse, you can also be aware of the rhythm of the beats—if they are regular or seem to skip.

Write your description of the pulse you just took.

Wrist Pulse: _____

Neck Pulse: _____

You can also be aware of the strength of the pulse—is it strong or weak?

Write your description of the pulse you just took.

Wrist Pulse: _____

Neck Pulse: _____

If you think that the heart rate has changed, for instance increased unexplainably, you can wait a few minutes and then take it again.

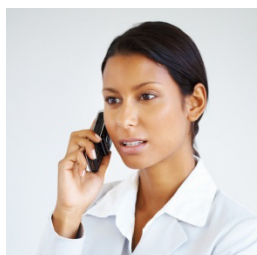
Wrist Pulse		Neck Pulse	
Rate:		Rate:	
Date:		Date:	
Time:		Time:	



Affects on Pulse Rate

The pulse rate can be affected by some medications. Ask the primary care team if medications the Veteran takes will affect his or her pulse. Other things that may affect the pulse rate are:

- ★ Activity and exercise.
- ★ Stress, worry and anxiety.
- ★ Caffeine, nicotine.
- ★ Pain.
- ★ Illness.



It's best to contact the Primary Care Team immediately if there is any significant change that cannot be explained. These changes may include:

- ★ The pulse is very different from the Veteran's usual reading.
- ★ A heart rate that is over 100 and the Veteran has not been exercising, drinking coffee, or doing anything else that might cause this to happen.
- ★ The heart rate is irregular or unusually rapid, or if the Veteran is experiencing chest pain, dizziness, fainting, lightheadedness or shortness of breath.
- ★ If the Veteran feels cold and sweaty—this could be diaphoresis (excessive sweating) and can be a sign of serious heart problems.

Respirations

Respirations are the number of times the Veteran breathes in a minute. To measure respirations, you count the number of times the chest rises.

Like the pulse, the breathing rate can be changed by exercise, strong emotion or illness.

*The normal rate for respirations is
16-24 breaths per minute.*

When we know that our breathing is being watched, we tend to change our breathing pattern. For this reason, try not to tell the Veteran that you are going to count their breaths. Respirations can be counted while taking the pulse.

Instructions

1. After taking the pulse, keep your fingers in place as if you are still counting the pulse.
2. Count how many times the chest rises and falls for one minute. If you prefer, you can count for 30 seconds and then multiply by two.
3. When you are counting respirations, you can also listen to the breathing. Does it sound clear or congested?



Contact the Primary Care Team if there is any significant change that cannot be explained. Some examples of when to call include:

- ★ If you hear any gurgling or chest congestion.
- ★ If the Veteran is complaining of shortness of breath, as if he/she cannot catch his/her breath.

Let's Give it a Try!

Ask a friend or family member if you can practice taking their pulse then also check their respiration and write down your results.

Wrist Pulse		Respiration	
Rate:		Rate:	
Date:		Date:	
Time:		Time:	

Recording Vital Signs

Writing vital signs down each time you take them will help you keep an accurate record. Vital signs may vary slightly each time you take them. A little difference in the readings each time is to be expected. It is easiest to use a chart so that you can see when there is a real change.

Date/Time	Temperature (Degrees)	Pulse (Beats/Min)	Respiration (Breaths/Min)
April 18 8:00am	98.6	68	20
April 18 12:00pm	98.6	64	19

Remember, you are an important part of the Veterans Care Team. Measuring vital signs accurately can really help in keeping the Veteran healthy.

MyHealtheVet

My HealtheVet is a free, online personal health record provided by VA, available 24/7 where ever there is Internet access. This site offers valuable information on health conditions, wellness reminders, and the Veteran's schedule of medical appointments as well as the ability to send secure messages to the Veteran's health care team. Both Caregivers and Veterans can register to participate on this site. After registering on the site, the Track Health tab at the top of the page will allow you to record and maintain a record of the Veteran's vital signs and other important measures of health such as blood pressure, cholesterol and other laboratory tests.

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Vital Signs Chart

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Infection Control

Standard Precautions, otherwise known as Universal Precautions, were developed in the early 1980's to reduce the risk of infection. They are designed to protect both caregivers and care recipients from transmitting disease.

What are Universal Precautions?

Universal Precautions are practices designed to prevent the spread of infection from blood that has been infected with bacteria or viruses, also known as bloodborne pathogens. The intent of Universal Precautions is to isolate the disease, not the person and to prevent exposure of Caregivers and Veterans to these bacteria and viruses.

Universal Precautions are a two-way street. It's helpful to think of all body fluids as having the potential to be infected. As a Caregiver, you may not always know when the Veteran has been exposed to a new virus or bacteria. Also, he/she may be more susceptible to infection due to their injury; using Universal Precautions will protect the Veteran you care for from any viruses or bacteria that you may carry.

Bloodborne Pathogens

Bloodborne pathogens are infectious agents that are passed from person to person through blood or other body fluids.

Bloodborne pathogens include but are not limited to HIV/AIDS, Hepatitis B and Hepatitis C. If the Veteran has one of these infections, it is important that you protect yourself from contracting it.

Keep in mind that other body fluids such as drainage from sores, pus, mucus from the nose or throat, sputum, vomit etc and fecal material can be a source for bacteria, viruses or other infectious agents to transmit infections including but not limited to the following:

- ★ Staph and Strep Infections.
- ★ MRSA (Methicillin-Resistant Staphylococcus Aureus).
- ★ Hepatitis A.
- ★ Influenza.
- ★ Other Infections.

Body fluids that may contain Bloodborne pathogens

- Blood
- Body fluids related to sex
- Body fluids that need to be removed with a needle, e.g. pleural fluid



For this reason, it's helpful for you to use gloves and Universal Precautions when handling these fluids as well as blood and fluids with visible blood in them. The intent of Universal Precautions is to isolate the disease—not the person—and to prevent exposure of Caregivers and Veterans to these bacteria and viruses.



Using Barriers

Barriers prevent the spread of a disease and include equipment or clothing which protect your skin or airway from the source of infection. Gloves, face masks, safety glasses and surgical gowns are all different types of barriers, also known as Personal Protective Equipment or PPEs.



Glove Use

Consider wearing properly-fitting disposable gloves any time you might be exposed to body fluids, particularly during the following situations:

- ★ Assisting the Veteran with toileting and other personal care tasks.
- ★ Changing diapers or Depends[®] (as applicable).
- ★ Wiping a family member's nose or mouth.
- ★ Cleaning up vomit, urine, or feces.
- ★ Cleaning or bandaging a cut or a wound.
- ★ Cleaning contaminated surfaces, like chair arms, table tops, counters.

Remember to remove and discard your disposable gloves after each use or after each task.

Face Masks

You may choose to wear a face mask if you are or have recently been sick with a cold, the flu or other illness since the Veteran may be more susceptible to infection.

Other Personal Protective Equipment

Other Personal Protective Equipment includes gowns and eye protection (safety glasses).

- ★ Gowns and eye wear are generally used to protect the Caregiver from splashes of blood or body fluids.
- ★ Caregivers may choose to use these for wound care.

Hand Washing

Viruses and bacteria are commonly spread through contact with the hands whether by sneezing or coughing, handling raw foods such as chicken, petting animals or changing a diaper. Hand washing is the single most effective way of preventing and controlling the spread of infection.

Instructions

Encourage all family members to use the following hand washing tips:

1. Keep clothing from touching the sink.
2. Moisten hands using warm, running water.
3. Vigorously scrub hands with soap for 15-30 seconds. Wash the back, palm and fingers of each hand. Wash between fingers. Clean under nails.
4. Rinse hands under running water.
5. Dry hands well using a paper towel.
6. Use the towel or your elbow to turn off the water.



Moisten
hands



Scrub hands
for 15-30
seconds



Rinse Hands



Dry Hands
with a paper
towel

Children (and adults, for that matter) can be encouraged to soap their hands while they sing the song *"Happy Birthday to You"* twice, which is about the time needed to scrub hands adequately.

Remember, it's helpful to wash your hands:

- ★ Before and after work.
- ★ Before and after use of disposable gloves.
- ★ After handling soiled (dirty) items.
- ★ After using the restroom.
- ★ After assisting a person in the restroom.
- ★ After diapering or applying/changing Depends®.
- ★ Before preparing or serving food.
- ★ After any contact with body fluids.
- ★ When your hands are dirty.



Alcohol-based Hand Sanitizers

These are an alternative to washing hands with soap and water. Although washing with soap and water is preferred, hand sanitizers can be useful when out in public, in the car or in other situations away from home. If you choose to use a hand sanitizer, try to select one that contains at least 60% alcohol.

Other Precautions

In addition to taking precautions against bloodborne pathogens and other infections, try the following tips to help protect you, the Veteran and others from becoming ill:

- ★ Dispose of needles, glucose sticks and other sharp items in a hard plastic sharps disposal box.
- ★ Avoid sharing any items that touch another person's mouth such as cups, eating utensils, thermometers or toothbrushes.
- ★ Encourage your family not to share any items used for personal care such as hairbrushes, cosmetics, razors or eyeglasses.
- ★ Cover your nose and mouth with a tissue when sneezing or coughing and dispose of the tissue in a trash bag immediately. If no tissues are available cough or sneeze into the crook of your elbow.
- ★ Keep wounds clean and covered with a bandage until healed.
- ★ Clean and disinfect laundry soiled with body fluids, kitchen surfaces, bedpans and commodes.

Vaccinations

Maintaining your own health and those of other family members is very important to minimize the Veteran's susceptibility to illnesses. Talk with your family and members of the caregiving team periodically to ensure all of their immunizations are up-to-date, particularly annual flu vaccines.

Skin Care

Healthy skin protects you from bacteria and foreign objects. It contains nerve endings that let you know if something is cold or hot, sharp or dull, or hard or soft. It also helps in regulating your body's fluids and temperature. Healthy skin minimizes the Veteran's susceptibility to infections. Even with the best care though, the Veteran may experience bed sores, also called pressure ulcers or pressure sores which can occur with even short periods in a wheelchair or bed.

What are Pressure Sores?

Pressure sores are places on the skin that become irritated due to lack of movement, reduced or loss of sensation in the skin, or reduced blood flow.

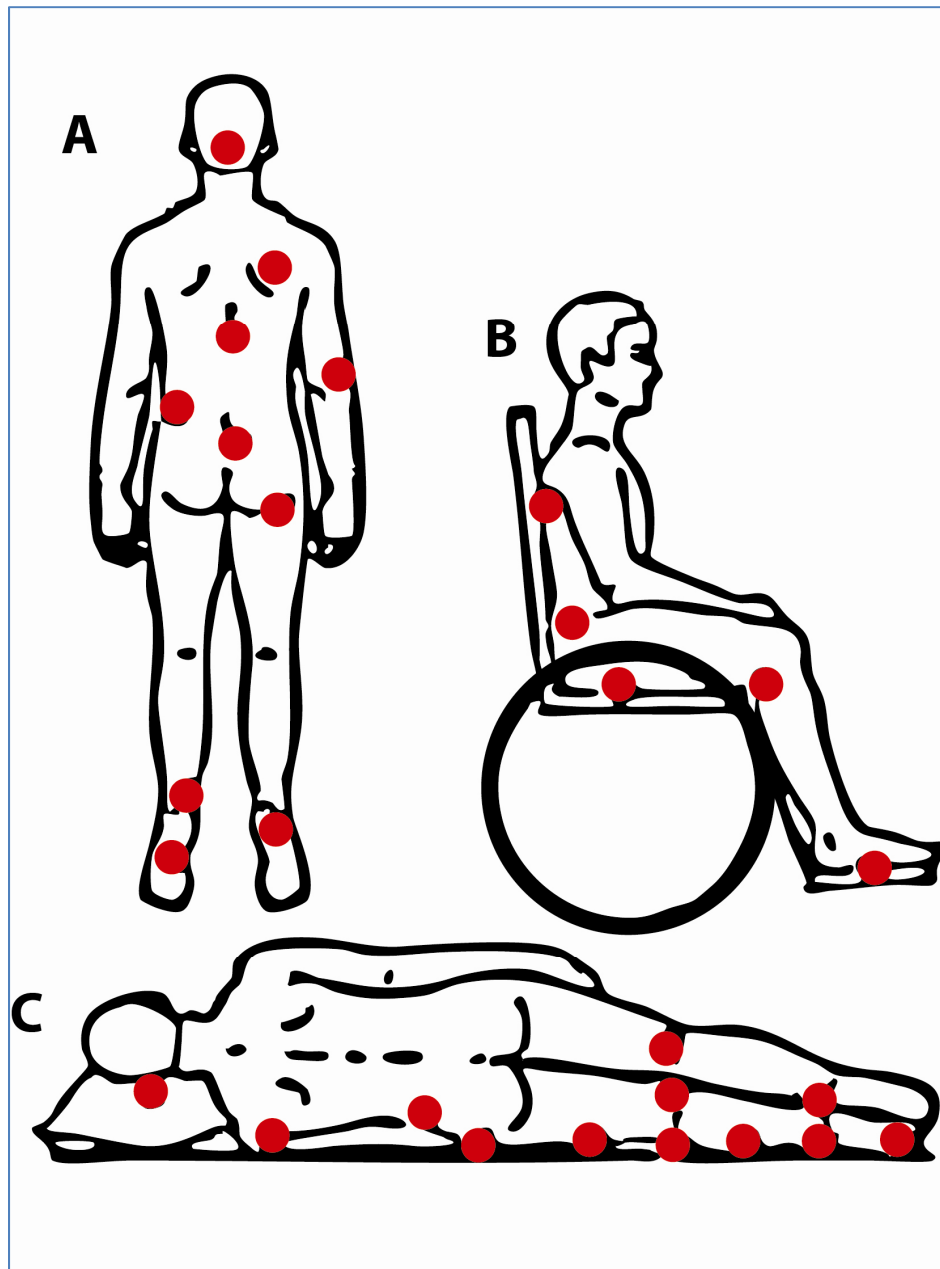
How do Pressure Sores Develop?

These types of sores are caused by pressure on a bony area from lying or sitting in the same position for long periods of time. These can also be caused by sitting or lying on hard objects, bruises, the skin being wet or moist for long periods of time, or the friction of sheets or clothing rubbing an area of skin when the Veteran is confined to a bed or chair. Pressure sores can also develop under oxygen or feeding tubes, around casts, drainage tubes, neck collars, or other medical devices that touch the skin with too much pressure. Pressure sores can quickly become infected and result in serious medical complications, at times requiring hospitalization and surgery.

Where do Pressure Sores Form?

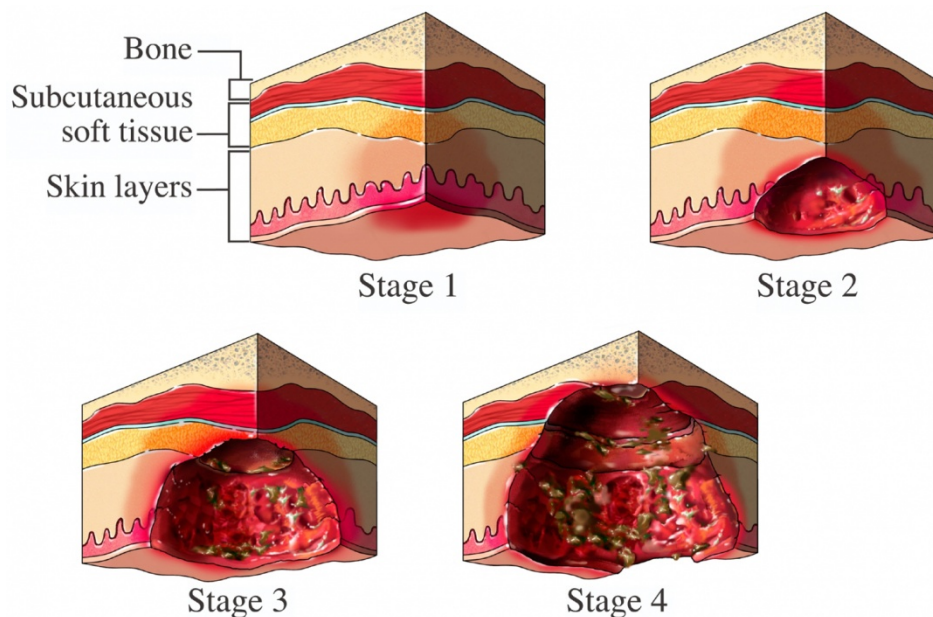
These following graphics and photographs show the stages of pressure sore development. Pressure sores typically start out as reddened skin, form a blister, then an open sore and finally a crater. See Figures 1 and 2 on the next two pages.

Figure 1: Areas on the Body Most Susceptible to Pressure Sores (<http://www.ncbi.nlm.nih.gov>)



Pressure sores form on the back of the head, ears, shoulder blades, elbows, tailbone, buttocks, hips and heels.

Figure 2: Stages of Pressure Sore or Ulcer Developments



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Stage 1

Healthy skin has active blood flow just below the surface. If redness on the skin does not go away after it is lightly touched by the thumb or finger, then a pressure sore is starting to develop. In Veterans with darker skin, discoloration of the skin, warmth, edema, or hardness may also be indicators of development.

Stage 2

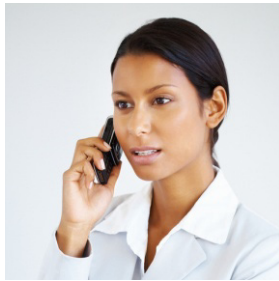
The skin blisters or forms an open sore and may look red and irritated. The ulcer may look like an abrasion, blister, or very shallow crater.

Stage 3

The skin may now look like a crater with damage to the tissue below the skin.

Stage 4

The pressure ulcer is so deep that there is damage to the muscle and bone, and sometimes to tendons and joints.



Although it may be tempting to massage the area of the ulcer or use donut-shaped or ring-shaped cushions to relieve the pressure, these actions can actually be harmful. It's best to contact the Veteran's Primary Care Team if the skin forms an open sore, particularly if there are any signs of infection including an odor from the ulcer, redness or tenderness around the *ulcer* or the skin is warm and swollen.

Prevention: Performing Skin Inspections

Routine skin inspections are helpful in preventing pressure sores and reducing the chance of skin infections. If the Veteran is confined to bed or frequently in a wheelchair, try to check his/her skin at least twice a day—when getting dressed in the morning and undressed at night. Look for redness over bony areas that does not go away when the Veteran is repositioned, blisters, rashes, areas that feel hot to touch, or areas that are often moist with sweat or urine. Lift skin folds to check creases in the skin and areas that are not easily visible. Examine bony areas like heels, knees, hips and elbows as well.

Healthy Skin Care Practices

The old adage that an ounce of prevention is worth a pound of cure certainly applies to developing a system to maintain healthy skin.

- ★ Help the Veteran keep his/her skin clean and dry.
- ★ Use skin lotion on dry skin, rubbing it in gently, especially after bathing, when the Veteran is in a room with dry heat, or any other time you notice his/her skin is dry.
- ★ Ensure the Veteran drinks plenty of fluids daily and maintains a healthy diet, including foods rich in vitamins A, E, B6, such as fresh fruits and vegetables, dairy products and fish.
- ★ Keeping the Veteran's skin, bed sheets and clothing clean and dry can be helpful.
- ★ Check the Veteran's feet carefully when wearing new shoes to ensure they are not too tight, too large, or rubbing hot spots on the feet.

Prevention: Keep Moving!

If the Veteran is able, be sure he/she gets up and moves around several times a day.

If the Veteran cannot get up without assistance, be sure that his/her position is changed several times a day.

If the Veteran is in a wheelchair and has upper body mobility, he/she can do “wheelchair push-ups” or pressure lifts as much as every 20 minutes.

This is done by securing the lock on the chair wheels, releasing the security belt, and having the Veteran push down on the top of the wheels with their arms lifting the weight of their lower body and lifting their bottom off the chair seat. Ask the Veteran to hold this position momentarily and then relax back into the seat. This exercise may be repeated during the day as recommended by the Primary Care Team.



Relieve Pressure on Bony Areas

Encourage the Veteran to change positions frequently to relieve pressure on bony areas of the body. If the Veteran is able, it's helpful for him/her to spend time on his/her stomach at least once a day. A mobile person may turn once every 12 minutes while sleeping.

For a bedridden Veteran, a schedule of turning every two hours at a minimum is best.

- ★ If you cannot remember the turning schedule, then have it written on a notepad near the bed.
- ★ If the Veteran is using a wheelchair, try to keep it adjusted properly, especially the height of the foot pedals. Encourage the Veteran to be as active as possible, changing positions every two hours.
- ★ The Veteran's Primary Care Team or other provider can teach you the best positions for the Veteran given their specific injury condition or disability. Try to ensure clothes, socks and shoes fit properly and are not rubbing against the skin.

Medication Management

Developing a good working relationship and open lines of communication with the Primary Care Team is important to ensure that the Veteran's medications are managed effectively and common errors are avoided such as:

- ★ Taking the wrong dosage.
- ★ Not taking the medication properly.
- ★ Stopping medications prematurely.
- ★ Mixing prescription and over-the-counter drugs (OTC) that are not compatible.



As the Caregiver, you are on the “front lines” and can document the Veteran's response to medications taken at home. Caregivers closely observe changes in mood, diet, sleeping habits and other factors that can inform the Primary Care Team's approach to treatment and planning.

Questions You Should Ask about the Veteran's Medicines

- ☐ What is this medication for?
- ☐ How should the medication be taken?
- ☐ Should this be taken with or without food?
- ☐ Are there any foods that should be avoided?
- ☐ How long is the medication to be taken? How often? Daily? Twice per day?
Does this medication need to be taken at certain times?
- ☐ Will this drug interact with the medications the Veteran is currently taking
(including OTC medications)?
- ☐ Are there medications to be avoided while on this medicine?
- ☐ What are the possible side effects of this medication?
- ☐ What should we do if these occur?
- ☐ Can we do anything to avoid or minimize possible side effects?
- ☐ How will we know the prescribed medicine is working?

Developing a Medication List

The easiest method to track the Veteran's medications is to make a list of all the drug names, dosage and instructions for use. If you can, also include any over the counter (OTC) medications such as cold medications, or herbal supplements. You can create your own list or download a sample from the Internet such as the VA's RESCUE medication card. It's helpful to carry a copy in your wallet/purse, and post one on the fridge (especially if the Veteran is home bound).



Managing and Organizing the Veteran's Medication

Sometimes the best management of the Veteran's medication is to ask the Primary Care Team if it is possible to minimize the number of different pills the Veteran is taking or at least limit the number of medicines taken twice a day or more frequently. In doing so, you can increase the likelihood that the Veteran will stick to the treatment schedule.

It's also helpful to routinely discuss the medications the Veteran is taking with the Primary Care Team. Bringing all the prescriptions, OTC medicines, vitamins and herbal supplements to the visit will keep the Primary Care Team informed of any changes in the Veteran's regimen.

Using pillboxes is one of the most effective ways of organizing the Veteran's medicines. Those that have labeled compartments for each day of the week and multiple rows of compartments for medicines taken several times per day are particularly useful.

In order to minimize the number of pharmacies the Veteran uses, ask your Caregiver Support Coordinator about ordering prescription refills through the VA's program MyHealtheVet.



Safety Tips

Keep in mind the following safety tips in helping the Veteran manage medications before, during and after hospital stays:

When you enter the hospital	Ensure a copy of the Veteran's updated medication list is given to the hospital. If you do not have an updated list, then try to bring the medications with you.
During a hospital stay	Ask if the Veteran is receiving his/her daily medications including those that do not relate to his/her hospital stay.
At discharge	Be sure that you understand all instructions. Ask whether new prescriptions are replacing medications you have at home Try to take accurate and thorough notes to refer to later.
At the pharmacy	Make sure you are given the right medication before you leave. If you are renewing medications, ensure that the refill looks like your previous one.
At home	Try to write the name of the condition being treated on each container and remember to update the Veteran's medication list.

A final safety tip is to consider paying particular attention to the Veteran's medications in these situations when medication problems may be likely to occur:

- ★ Prescription is written, filled or re-filled.
- ★ Prescriptions are not taken as directed or not taken at all.
- ★ Changes in medical condition.
- ★ Transitions in care and care settings take place.
- ★ Taking multiple medications, seeing multiple providers and using multiple pharmacies.
- ★ Prescribers/pharmacists unaware of other OTC medications, herbals and supplements taken.

Steps to Medication Disposal

Follow these steps when disposing of medications as there are environmental restrictions on flushing medications. Try to check with the pharmacist for recommendations for disposal.

1. Crush or dilute the medication.
2. Put the medication in a plastic bag.
3. Add kitty litter, sawdust, or coffee grounds to the plastic bag.
4. Seal the plastic bag and place in the trash.



Pain Management

Acute pain, or sudden pain that happens with an injury or sudden illness, is well understood. We know that chemicals released at the site of injury, cause swelling and inflammation. Veterans in acute pain may have symptoms such as rapid heart rate or feel faint. Most acute pain disappears as the swelling gets better, the injury heals, or the infection clears up.

It's possible that the Veteran may develop chronic pain after an injury. Sometimes the cause is understood, for example when a nerve is injured and never quite heals, or when surgery leaves scar tissue that causes painful tugging. Other Veterans have chronic pain that does not seem to be related to an injury event but may come on gradually overtime such as in low back pain.

Sometimes doctors can figure out the cause, for example, chronic arthritis causing swelling in joints or a herniated disc in the lower back irritating or pressing on a nerve. Other chronic pain is more mysterious and a single physical cause can't be found. Often, in these cases, there is trouble in the way the brain or spinal cord processes pain signals; occasionally the brain or spinal cord are actually damaged so that they generate a false signal that a part of the body is being injured, when there is no injury.

Veterans react to pain in different ways, and this personal reaction is a big part of the reason that some people become very distressed or even disabled by their chronic pain, while others seem able to move on and not be held back by the pain. This personal reaction can also have a big impact on how much the pain gets in the way of recovery. It is very important that pain management programs include ways to help Veterans manage their reactions to pain, in addition to any medications or other treatments that are needed.

Constant pain is a common problem with serious injuries. In some cases, the cause of the pain is obvious, but in other cases, even with testing, providers can't find the cause. Chronic pain is a more common problem in Veterans than acute pain.

We'll focus on chronic pain, what you should expect in the Veteran's pain management program, and how you can help make sure the program is as safe and effective as possible.



The Goals of a Chronic Pain Management Program

In an effective pain management program, treatment goals are tailored to the Veteran and address the following:

- ★ Improved quality of life and function.
- ★ Increase self-management that helps persistent pain.
- ★ Reduced need for pain medications.
- ★ Lower pain level.

What are the Different Kinds of Medicine Used to Treat Pain?

A wide range of medications can be used to treat pain. Some medications work well when they are used together, and others can have dangerous results when mixed.

Types of pain medications include:

- ★ Over-the-counter drugs such as acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs), like ibuprofen which may be a prescription medication in higher dose forms.
- ★ Seizure medications and related drugs that help pain caused by damaged or diseased nerves.
- ★ Antidepressant medications that help a lot of people cope with chronic pain
- ★ Opioid medications.

Opioids are analgesic, or pain-relieving, medications. Opioid drugs include those often combined in a pill with acetaminophen such as hydrocodone (e.g., Vicodin), codeine (e.g., Tylenol #3) oxycodone (e.g., Percocet) and those often prescribed in extended release form such as oxycodone (e.g., OxyContin—an oral, controlled-release form of the drug), morphine (e.g., MS Contin, Kadian, Avinza) and Fentanyl (in patches applied to the skin), and related medications.

Opioids are not recommended, or are used very cautiously, and with close medical supervision in patients with:

- ★ Severe respiratory conditions.
- ★ Suicide risk or unstable psychiatric illness.
- ★ Active substance use disorder.
- ★ True allergy to opioids.
- ★ Need for other medications with serious risk for interactions with opioids.
- ★ History of giving medications to others.
- ★ Sedating medications or certain anti-anxiety medications such as benzodiazepines.



Side Effects of Opioid Medications

Opioid medications usually cause constipation and commonly cause drowsiness, dizziness, nausea and vomiting, particularly when beginning therapy, and can lead to physical dependence or tolerance. Properly managed medical use of opioid analgesics is safe, can manage pain effectively, and rarely causes addiction.

There are several different words used to describe the possible long-term effects of opioid analgesics on a person.

Physical dependence—means that the patient will have withdrawal if the opioid is suddenly stopped. This is expected with long-term use and it does not mean that the person is addicted.

Tolerance—means the body has adapted to the medication, and there is the need for increasing or more frequent doses of the medication to get the same results.

Addiction—refers to a pattern of dysfunctional opioid use that may involve any or all of the following:

- ★ Loss of control over the use of opioids.
- ★ Obsession with getting more opioids, even when pain is controlled.
- ★ Continued use in spite of bad consequences.

Warning Signs about Problems with Opioid Medications

As a Caregiver, you are an important part of the treatment team for the Veteran. The Primary Care Team will rely on you to help them understand how the pain management program is impacting the Veteran's functioning and pain levels. They will also need your help in monitoring and tracking side effects. There are useful tracking tools available from The American Chronic Pain Association and the American Pain Foundation (links in resources).

In addition to tracking the effectiveness and side effects of the medication, it's helpful for you to discuss any of the following problems with the Veteran's Primary Care Team:

- ★ Signs that the Veteran is too sedated or confused.
- ★ Any difficulty with breathing.
- ★ Concerns about suicide risk or depression.
- ★ Trying to get more medication when it is not time for the dose. This may be a sign of either beginning addiction or need for higher doses of medication or a need for a change in medication to control pain.



Effective Treatments for Pain Other Than Medication

Because pain is not just physical, an effective treatment program needs to address the coping behaviors and the ways the Veteran thinks about and reacts to pain. The experience of pain is affected by emotions like anger, fear, anxiety and depression.

Physical activity is really important; a Veteran may be physically out of shape because pain has interfered with movement and physical activity. You can talk to the Primary Care Team about developing a program to help the Veteran resume physical exercise at a level that he/she can handle.

There are many other non-medication approaches that can help the Veteran in managing pain, including hypnosis, pastoral counseling, icing, acupuncture, massage, support groups, involvement in hobbies or other activities that occupy his/her attention, meditation and relaxation, laughter and music.

How can Caregivers Help Veterans with Chronic Pain?

As Caregivers, it's helpful to learn as much as you can about the cause of the Veteran's pain, and to understand the pain management plan, including not just the medications, but the importance of the non-medication parts of the plan. Keep in mind that reduced pain level is just one goal in the plan, and that increasing function and being safe are other really important goals.

Finally, as the Veteran's Caregiver you can help by:

- ★ Believing the Veteran's report of pain.
- ★ Understanding treatment plans and asking the Primary Care Team questions.
- ★ Providing medications exactly as prescribed and storing them securely.
- ★ Tracking pain levels and discussing them with the Primary Care Team without over focusing on pain levels. Activity, functioning and movement are important goals as well.
- ★ Paying attention to other possible signs of pain:
 - Facial expressions, such as grimacing.
 - Breathing and sighing heavily.
 - Unusual body movements, such as limping.
 - Behavioral changes, such as not wanting to eat or sleep.
 - Emotional changes, such as crying or irritability.
- ★ Engaging the Veteran in enjoyable activities that may distract from the pain.
- ★ Remaining aware of possible suicide risk or other safety concerns and discussing them immediately with the Veteran's Primary Care Team.



Resources & References

Vital Signs

- ★ Saginaw Valley State University. How to take vital signs. Retrieved April 18, 2011, from <http://www5.svsu.edu/~amrankin/Vital%20signs.htm>
- ★ Ashley EA, Niebauer J (2004). Cardiology Explained. London: Remedica. Google Search on “Cardiology Explained.”
- ★ VA Caregiver Support website at <http://www.caregiver.va.gov>
- ★ VA Caregiver Support Line at 1.855.260.3274.

Infection Control

- ★ Center for Disease Control and Prevention. Sharps safety for healthcare professionals available at <http://www.cdc.gov/sharpssafety>
- ★ Center for Disease Control and Prevention. Hand hygiene in healthcare settings available at http://www.cdc.gov/handhygiene/Patient_materials.html
- ★ Center for Disease Control and Prevention. Vaccines and immunizations available at <http://www.cdc.gov/vaccines>

Medications

- ★ Medicine Safety: A Toolkit for Families at <http://www.learnaboutrxsafety.org>
- ★ Department of Veterans Affairs. RESCUE: Resources & Education for Stroke Caregivers’ Understanding and Empowerment. Managing Medicines available at: <http://www.rorc.research.va.gov/rescue/healthy-living/managing-medicines.cfm>
- ★ Department of Veterans Affairs. RESCUE: Resources & Education for Stroke Caregivers’ Understanding and Empowerment. Helpful Tools—Medication Card available at <http://www.rorc.research.va.gov/rescue/tools.cfm>
- ★ My HealtheVet at <http://www.myhealth.va.gov/mhv-portal-web>. Click Healthy Living Centers, click “Medications – Play it Safe.”



Pain Management

- ★ NIDA InfoFacts: Prescription and Over-the-Counter Medications
<http://www.nida.nih.gov/infofacts/painmed.html>
- ★ American Pain Foundation. Logs and tracking sheets
<http://www.painfoundation.org> – Search “Pain Notebook.”
- ★ The American Chronic Pain Association
<http://www.theacpa.org/9/PainManagementTools.aspx>

